

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/807402 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	3		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	17	↔	15	↔		↔
TOTAL CLAIMS	18	↔	16	↔		↔

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓			↓	
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		↔			↔	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS